Amendments to the Claims:

Following is a complete listing of the claims pending in the application, as amended:

Claims 1-26 (canceled)

27. (New) A composition comprising a ψεRACK peptide having a sequence that is at least about 50% identical to SEQ ID NO:2, said peptide attached by an N-terminal cysteine residue to a Tat-derived peptide or to a polyarginine peptide.

28. (New) The composition of claim 27, wherein said ψεRACK peptide has a sequence identified as SEQ ID NO:6, SEQ ID NO:7, SEQ ID NO:8, SEQ ID NO:9, SEQ ID NO:10, SEQ ID NO:11, SEQ ID NO:12, SEQ ID NO:13, or SEQ ID NO:14.

29. (New) The composition of claim 27, wherein said ψεRACK peptide has a sequence that is at least about 70% identical to SEQ ID NO:2.

30. (New) The composition of claim 29, wherein said ψεRACK peptide has a sequence identified as SEQ ID NO:6, SEQ ID NO:7, SEQ ID NO:8, SEQ ID NO:9, SEQ ID NO:10, SEQ ID NO:11, SEQ ID NO:12, SEQ ID NO:13, or SEQ ID NO:14.

31. (New) The composition of claim 27, wherein said ψεRACK peptide has a sequence that is at least about 80% identical to SEQ ID NO:2.

32. (New) The composition of claim 31, wherein said ψεRACK peptide has a sequence identified as SEQ ID NO:6, SEQ ID NO:7, SEQ ID NO:12, SEQ ID NO:13, or SEQ ID NO:14.

33. (New) The composition of claim 27, wherein said Tat-derived peptide has a sequence identified as SEQ ID NO:5.

34. (New) A method for reducing in vivo damage due to ischemia, hypoxia, or reperfusion injury, comprising administering the peptide according to claim 27.

35. (New) The method of claim 34, wherein said administering is by a route selected from the group consisting of intravenous, parenteral, subcutaneous, inhalation, intranasal, sublingual, mucosal, and transdermal.

36. (New) The method of claim 34, wherein said administering is by infusion through coronary arteries to the heart.

37. (New) The method of claim 34, wherein said administering comprises administering the peptide prior to ischemia, hypoxia, or reperfusion.

38. (New) The method of claim 34, wherein said administering comprises administering the peptide after ischemia, hypoxia, or reperfusion.

39. (New) The method of claim 34, wherein said administering comprises administering the peptide during ischemia, hypoxia, or reperfusion.

40. (New) A method for reducing damage to an organ due to ischemia, hypoxia, or reperfusion injury, comprising administering the peptide according to claim 27.

41. (New) The method of claim 40, wherein the method is for reducing damage to an organ selected from the group consisting of heart, lung, liver, brain, and kidney.

42. (New) The method of claim 40, wherein said administering is by a route selected from the group consisting of intravenous, parenteral, subcutaneous, inhalation, intranasal, sublingual, mucosal, and transdermal.

43. (New) The method of claim 40, wherein said administering is by infusion through coronary arteries to the heart.

44. (New) The method of claim 40, wherein said administering comprises administering the peptide prior to ischemia, hypoxia, or reperfusion.

45. (New) The method of claim 40, wherein said administering comprises administering the peptide after ischemia, hypoxia, or reperfusion.

46. (New) The method of claim 40, wherein said administering comprises administering the peptide during ischemia, hypoxia, or reperfusion.

47. (New) A method for reducing cellular damage due to ischemia, hypoxia, or reperfusion injury, comprising administering the peptide according to claim 27.

48. (New) The method of claim 47, wherein the method is for reducing damage to cells selected from the group consisting of heart, lung, liver, brain, and kidney.

49. (New) The method of claim 47, wherein said administering is by a route selected from the group consisting of intravenous, parenteral, subcutaneous, inhalation, intranasal, sublingual, mucosal, and transdermal.

50. (New) The method of claim 47, wherein said administering is by infusion through coronary arteries to the heart.

51. (New) The method of claim 47, wherein said reducing is reducing cellular damage to cardiomyocytes.

52. (New) The method of claim 47, wherein said administering comprises administering the peptide prior to ischemia, hypoxia, or reperfusion.

53. (New) The method of claim 47, wherein said administering comprises administering the peptide after ischemia, hypoxia, or reperfusion.

54. (New) The method of claim 47, wherein said administering comprises administering the peptide during ischemia, hypoxia, or reperfusion.